09/508979

| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 094200 | |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |
| | | | |

## INDEX OF CLAIMS

| | | |
|---|---|---|
| ✔ ................................. Rejected | N ................................. Non-elected |
| = ................................. Allowed | I ................................. Interference |
| — (Through numeral)... Canceled | A ................................. Appeal |
| ÷ ................................. Restricted | O ................................. Objected |



If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)